STIC

Scientific and Technical Information Center

Search Report

EIC 3600

To: Natalie Pass Location: KNOX 05 A41 Art Unit: 3686 Date: 09/02/09 Case Serial Number: 09/921,654	From: Paul Obiniyi Location: EIC3600 KNX 04 B68/ Rm04 B71 Phone: (571) 272-27734 paul.obiniyi@uspto.gov

Search Notes

Dear Examiner Pass:

Please find attached the results of your search for the above-referenced case. The search was conducted in the template files.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

Paul

I. Potential References of Interest

A. Dialog

21/3,K/18   (Item 7 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)

01428147   SUPPLIER NUMBER: 14343074   (USE FORMAT 7 OR 9 FOR FULL TEXT)
New office technology lets you get more done faster. (office automation for
  physician's clinic)(includes related articles on how a new computer
  system helped two surgeons; how to choose a computer-system
  vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993
PUBLICATION FORMAT: Magazine/Journal   ISSN: 0025-7206 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 3034   LINE COUNT: 00290

...   in two weeks or less. By adding a modem to your computer, you can
begin **transmitting claims**
right away, perhaps over one of your office's existing
phone lines (see page 54).
    "Five...

**...edits claims and flags areas where data are missing, so that the staff
can make corrections before
transmitting the claims to the
insurer.**"
    Contact your major insurers for a list of vendors approved to handle
...

31/3,K/7   (Item 6 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01584940 02-35929
The check really is in the mail
Jordan, Sharon; Jewart, Tom
Nursing Homes v47n2 PP: 48-49 Feb 1998
ISSN: 1061-4753 JRNL CODE: NHS
WORD COUNT: 1397

...TEXT: Sound incredible? In Arkansas, that kind of rapid claims
processing is a reality. An electronic **medical**
claims processing system -- instituted by Electronic
Data Systems (EDS) and the Arkansas Department of Human Services...

**...in the same day, if they've been rejected because of missing information
or an error on the claims form that**

can be corrected immediately. That's because when a
provider makes a submission, the claim is edited by...Medical Services, and
Tom Jewart is Director, Electronic Data Systems (EDS), the fiscal agent for
medical claims processing in
Arkansas. The AEVCS system is part of a larger program for which the...

 31/3,K/12   (Item 2 from file: 810)
DIALOG(R)File 810: Business Wire
(c) 1999 Business Wire . All rights reserved.

0935580   BW0077

REALMED: RealMed Announces Pilot Results; Real-time Claim Resolution Gets
   High Marks

November 09, 1998

Byline: Business Editors, Health/Medical Writers

    ...announcement in that regard in the near term," said
Peterson.
Background
    The RealMed Network resolves **healthcare cl
aims** at the provider's
office before the patient leaves. The patient and physician or staff...

...it is especially significant for the industry
that 99.96% of our claims are error-**free**," Peterson expl
ained.
    "The 69 second average elapsed time includes claim times that
clearly skew our...of Rheumatology Associates, in
Indianapolis, Ind.
    "The eligibility check does eliminate a lot of unnecessary
claims. If the **patient** is not eligibl
e, it means you don't have to
send the claim to the...Gillespie   Accounts Manager,   (317) 7
87-1463

                   Fishers Immediate Care
                   Center, Indianapolis, Ind.
    RealMed Corporation, a **healthcare claims&l
t;/B>** resolution company,
provides the nation's first on-the-spot, **computerized claim resolution
and payment system. The RealMed Network is designed to re-engineer and
streamline both the medical claims**
 and the payment processing systems
used throughout the trillion-dollar U.S. healthcare industry, while...

4/3,K/3   (Item 1 from file: 997)
DIALOG(R)File 997: Newsroom 2000-2003
(c) 2009 Dialog. All rights reserved.

0615080661 164G2GSN
CMS reports home health claims processing problem
Anonymous
Healthcare Financial Management, v57, n4, p11
Tuesday, April 1, 2003

JOURNAL CODE: AJAZ LANGUAGE: English RECORD TYPE: Fulltext
DOCUMENT TYPE: Trade Journal ISSN: 0735-0732
WORD COUNT: 217

...restore the removed supply service lines so these will be reflected in
home health PPS **claims** data. **RHHIs and CMS will notify
providers when this error is
corrected.**

Copyright **Healthcare** Financial Management Association
Apr 2003

0350016974 15MW0JLF
Insurance Design Administrators (IDA) Contracts With OASYS To Enhance
Automation-Leading New Jersey TPA To Implement OASYS Patented Automated
Transaction Processing (ATP) Application Into Existing Workflow
Internet Wire
Tuesday, November 6, 2001
JOURNAL CODE: ALMV LANGUAGE: ENGLISH RECORD TYPE: Fulltext
DOCUMENT TYPE: Newswire
WORD COUNT: 683

TEXT:
...emulates and automates the human logical decision process in workflows
such as provider matching, pended **claim**
error correction, system updates,
eligibility determination, and **medical** review.
Additionally, it provides automated application to application services
such as claims re-pricing and...

0234016531 15EN0J4L
OASYS Automates Claims Repricing Capitalizes On Network Broker Relationship
For PPO Network Access
INTERNET WIRE
Tuesday, March 27, 2001
JOURNAL CODE: ALMV LANGUAGE: ENGLISH RECORD TYPE: Fulltext
DOCUMENT TYPE: Newswire
WORD COUNT: 641

...workflows. Within the health care market, ATP actually emulates the
human logical decision process, including **error**
correction, system updates, eligibility determination,
medical review and **claims** repricing
on a claims payer's existing system, creating very significant increases in
speed and...

4/3,K/9   (Item 2 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

12634973   SUPPLIER NUMBER: 65159559   (USE FORMAT 7 OR 9 FOR FULL TEXT)
New Products & Services.(Product Announcement)
Health Management Technology, 21, 9, 66
Sept. 2000
DOCUMENT TYPE: Product Announcement   ISSN: 1074-4770   LANGUAGE:
  English   RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1547   LINE COUNT: 00136

...   net
    Circle 178
    Electronic Claims Processing
    Medi.com is an applications services provider of electronic
claims processing services for the
healthcare industry. The service provides instant
error notification allowing
corrections to be made online before a
claim is submitted. It also interfaces with all payors,
allows online viewing of a claim's...

4/3,K/10   (Item 3 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

07718894   SUPPLIER NUMBER: 16669229   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Alphabetical listings: how to use the 1995 Health Management Technology
  market directory issue.
Health Management Technology, v16, n3, p14(64)
Feb 15, 1995
LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 66155   LINE COUNT: 05980

...   CAMS) is designed to accelerate cash flow and reduce account
receivables. CAMS provides electronic media **claims**
submissions for **healthcare** institutions, patient account
folder tracking, prebilling **error**
correction, online **correction** of
prebilling edit failure/intermediary rejections, automated remittance and
allowance posting and customized reports.
    ACCESS...

II. <u>Inventor Search Results from Dialog</u>

t/ 3,k/ all

29/3,K/1   (Item 1 from file: 349)
DIALOG(R)File 349: PCT FULLTEXT

00879866   **Image available**
PRACTICE MANAGEMENT AND BILLING AUTOMATION SYSTEM
SYSTEME DE GESTION DES CABINETS MEDICAUX ET DE PRODUCTION AUTOMATIQUE DES
    NOTES D'HONORAIRES
Patent Applicant/Assignee:
  ATHENAHEALTH INC, One Moody Street, Waltham, MA 02154, US, US (Residence)
    , US (Nationality)
Inventor(s):
  AMAR Anshul, 471 Vanderbilt Avenue, Apt. 4D, Brooklyn,
    NY 11238, US,
  STONE Steve, 10 Addison Street, Arlington, MA 02476,
    US,
  PARK Todd, 25 Crescent Street #641, Waltham, MA 02453, US,
  PARK Ed, 1199 Whitney Avenue No.
    310, Hamden, CT 06517, US,
Legal Representative:
  BIANCO John V (agent), Testa, Hurwitz & Thibeault, LLP, High Street
    Tower, 125 High Street, Boston, MA 02110, US,
Patent and Priority Information (Country, Number, Date):
  Patent: WO 200213047 A2-A3 20020214 (WO 0213047)
  Application: WO 2001US24595 20010803 (PCT/WO US0124595)
  Priority Application: US 2000223235 20000804
  (EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR
Publication Language: English
Filing Language: English
Fulltext Word Count: 11596

Inventor(s):
  AMAR Anshul...

  ...STONE Steve...

  ...PARK Ed,
Patent Applicant/Inventor:
Fulltext Availability:
  Detailed Description
  Claims

English Abstract
  ...by a patient to the medical practice. Prior to using the information
  to create a **claim**, the **medical**
  practice management server automatically and repeatedly interacts with
  the information to ensure correct information by...

Detailed Description
... medical professional typically has to sift through numerous claim
  acknowledgement reports to determine if the **claim** has
  reached its **correct** destination.

  This is a time-intensive, manual process that can be inundated with human
  error...The rules database 66 includes insuranceSompany rules that define
  the appropriate format and content of **clinical** and
  claim information that the payor server 18 processes.
  In one embodiment, the rules are subdivided into...no human intervention.
  Examples of these transactions include, without limitation, claim
  submittals, claim receipt acknowledgements, **claim**
  status checks, **patient** eligibility determinations,

authorization and referral requests and grants, and remittance advice.
For example, a predetermined...done prior to the submission of an
insurance claim to enable later submissions of more
accurate claims (e.g., flawless
claims) to the payor (step 326). Alternatively, this can be done during
...

...searches the insurance plans to create
apolicyworklistforthemedicalprovider(step357).
Moreover,theworkflowprocessingengine 56 copies all of the
claims associated with that **patient**
to create a **claim** worklist (step 358). This WO
02/13047 PCT/US01/24595 16 performing these tasks, any...advanced claim
entry form 732 shown in Fig. 7B. The medical care provider uses the
claim entry screen to **complete** a
patient charge entry for the particular patient who had just checked out
of the...

...management system 5. Also referring to Fig. 3F, when the medical care
provider completes the **claim** entry form, the
medical care provider submits the claim entry form to
the server 14.

[0095] Additionally, once the medical care provider starts to receive
payments for the **claims**, the
medical practice management server 14 applies these
payments against the associated charges. More specifically, the workflow
...illustrates an exemplary claim entry s'6reen 700. The claim entry
screen 700 includes a **patient claim**
information section 704, a procedure section 708, a hint section 712, and
a non-claim resulting button 716. In one embodiment, the
patient claim information section
704 includes information such as the claim post date field 704a, a
referring...

Claim
... transmitting an error message denoting an error to the medical
practice.

5 The method of **claim** 3 wherein the
correctin action comprises correcting at least one of
9
a typographical error, a formatting error, and...

...with the payor server further
comprises at least one of
claim submittals,
claim receipt acknowledgenients,
claim status checks,
patient eligibility determinations,
authorization and referral requests and grants., and
remittance advice.

15 A medical practice...

?

III. <u>Text Search Results from Dialog</u>

A. Full-Text Databases

show files

File 348:EUROPEAN PATENTS 1978-200935
      (c) 2009 European Patent Office
File 349:PCT FULLTEXT 1979-2009/UB=20090827|UT=20090709
      (c) 2009 WIPO/Thomson
File 15:ABI/Inform(R) 1971-2009/Aug 31
      (c) 2009 ProQuest Info&Learning
File   9:Business & Industry(R) Jul/1994-2009/Aug 31
      (c) 2009 Gale/Cengage
File 610:Business Wire 1999-2009/Sep 01
      (c) 2009 Business Wire.
File 810:Business Wire 1986-1999/Feb 28
      (c) 1999 Business Wire
File 275:Gale Group Computer DB(TM) 1983-2009/Aug 03
      (c) 2009 Gale/Cengage
File 624:McGraw-Hill Publications 1985-2009/Sep 01
      (c) 2009 McGraw-Hill Co. Inc
File 621:Gale Group New Prod.Annou.(R) 1985-2009/Jul 24
      (c) 2009 Gale/Cengage
File 636:Gale Group Newsletter DB(TM) 1987-2009/Aug 07
      (c) 2009 Gale/Cengage
File 613:PR Newswire 1999-2009/Aug 31
      (c) 2009 PR Newswire Association Inc
File 813:PR Newswire 1987-1999/Apr 30
      (c) 1999 PR Newswire Association Inc
File 16:Gale Group PROMT(R) 1990-2009/Aug 07
      (c) 2009 Gale/Cengage
File 160:Gale Group PROMT(R) 1972-1989
      (c) 1999 The Gale Group
File 634:San Jose Mercury Jun 1985-2009/Aug 29
      (c) 2009 San Jose Mercury News
File 148:Gale Group Trade & Industry DB 1976-2009/Aug 13
      (c) 2009 Gale/Cengage
File 20:Dialog Global Reporter 1997-2009/Aug 31
      (c) 2009 Dialog
File 256:TecTrends 1982-2009/Aug W5
      (c) 2009 Info.Sources Inc. All rights res.
File 625:American Banker Publications 1981-2008/Jun 26
      (c) 2008 American Banker
File 637:Journal of Commerce 1986-2009/Oct 07
      (c) 2009 UBM Global Trade
File 635:Business Dateline(R) 1985-2009/Aug 31
      (c) 2009 ProQuest Info&Learning
File 570:Gale Group MARS(R) 1984-2009/Aug 06
      (c) 2009 Gale/Cengage
File 47:Gale Group Magazine DB(TM) 1959-2009/Aug 19
      (c) 2009 Gale/Cengage
File 268:Banking Info Source 1981-2009/Aug W4
      (c) 2009 ProQuest Info&Learning
File 626:Bond Buyer Full Text 1981-2008/Jul 07
      (c) 2008 Bond Buyer
File 267:Finance & Banking Newsletters 2008/Sep 29

? **ds**

Set	Items	Description
S1	114952	(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? - OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR - ERRORLESS OR (ERROR? ? OR MISTAKE?)(2N)FREE))(3N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S2	59106	(COMPLETED OR FINISHED OR COMPLETE OR FILL OR FI-LLED)(5N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR RE-QUEST? ?))
S3	2100	(S1:S2)(3N)(SUBMITTING OR SUBMIT OR SEND OR SENDING OR TR-ANSFER OR TRANSFERRING OR FORWARD OR FORWARDING OR PASS OR PA-SSING OR TRANSMIT OR TRANSMITTING)
S4	160598	(DEFECT?? OR FLAW?? OR ERROR OR FAULT?? OR FAIL??? OR IRRE-GULAR??? OR IMPERFECT??? OR DAMAG???)(3N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S5	5073	S4(7N)(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERR-OR? ? OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA-?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?)(2N)FREE))
S6	12314	(INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY OR GUARANT?R? ?)(3N) (CLAIM? ? OR NOTICE? ?)(3W)(LOSS OR PAY-MENT? ? OR REQUEST? ? OR EXPECTATION? ? OR EXPECT?? OR FIL???)
S7	98	S6(7N)(SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR MINICOM-PUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN()FRAMES - OR (MINI OR MICRO OR SUPER)()COMPUTER? ?)
S8	468	S6(7N)(NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKS-TATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)
S9	1846608	(MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MU-LTI)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR - POLICY OR POLICES OR PLAN?)
S10	818879	(SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR CORRECT? OR REMED??? OR FULFIL?)(3N)(STRATEG? OR TRAD??? OR R-ULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S11	845691	(INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY OR GUARANT?R? ?)(3N) (STRATEG? OR TRAD??? OR RULES?? OR REG-ULATION? ? OR POLICY OR POLICES OR PLAN?)
S12	142665	(MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT OR CLINI-C?)(3N)CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUE-ST? ?)
S13	20448	AU= (AMAR, A? OR AMAR A? OR AMAR(2N)A? OR STONE, S? OR STONE S? OR STONE(2N)S? OR PARK, E? OR PARK E? OR PARK(2N)E? OR P-ARK, T? OR PARK T? OR PARK(2N)T?)
S14	38	S3(10N)S4
S15	35	S3(7N)S5
S16	90	S7(7N)S8
S17	142665	(S9:S12)(7N)S12
S18	70	S17(3N)S5
S19	40	S17(3N)S3
S20	12	S15 NOT PY>2000
S21	59	S16 NOT PY>2000
S22	0	S21(7N)(S4:S5)
S23	0	S21(7N)(S1:S2)
S24	2	S21(7N)S12
S25	0	S21(10N)(S1:S2)

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S26     32  S18 NOT PY>2000
S27      9  S19 NOT PY>2000
S28     41  S13 AND (S1:S2)
S29      1  S28 AND S12
S30      0  S20(10N)S12
S31     41  S26 OR S27
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t s24/3,k/all

 24/3,K/1   (Item 1 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)

01917513   Supplier Number: 42443843 (USE FORMAT 7 FOR FULLTEXT)
Chasing medical markets: INDUSTRY WILL SEE GROWTH PROPELLED BY IMAGING
Computer Reseller News, p31
Oct 15, 1991
Language: English   Record Type: Fulltext
Document Type: Magazine/Journal; Trade
Word Count: 548

...   centers on the health-care market. "They generate and move paper
and data such as **insurance claims** and
medical files."
   In a recent study by **Computer**-World's database
division, Framingham, Mass., figures show there are about 900 to 1,000...

 24/3,K/2   (Item 1 from file: 635)
DIALOG(R)File 635: Business Dateline(R)

0106140 89-30033
Clinics Reach Out to World of Computers
Bellinghausen, Pat
The Billings Gazette (Billings, MT, US), V105 N110 sD p7
PUBL DATE: 890820
WORD COUNT: 637
DATELINE: Billings, MT, US

TEXT:

   ...clinic began doing all its accounting in-house.

   Jones estimated that about half of all **insurance
claims filed** through the
clinic are filed by **computer**.

   "It does work extremely well. It's very cost-efficient. (Insurance)
carriers like it. We...

? t/3,k/all

 31/3,K/1   (Item 1 from file: 349)
DIALOG(R)File 349: PCT FULLTEXT

00512759 **Image available**
POINT OF SERVICE THIRD PARTY FINANCIAL MANAGEMENT VEHICLE FOR THE
   HEALTHCARE INDUSTRY
SUPPORT DE GESTION FINANCIERE POUR LES PAIEMENTS PARTAGES AVEC DES TIERS AU
   POINT DE SERVICE DANS LE SECTEUR DES SOINS DE SANTE
Patent Applicant/Assignee:
  ONEHEALTHBANK COM INC,
Inventor(s):
  BOYER Dean F,
  HAMMERSLA W Edward III,
Patent and Priority Information (Country, Number, Date):
  Patent: WO 9944111 A2 19990902
  Application: WO 99US4209 19990225 (PCT/WO US9904209)
  Priority Application: US 9831968 19980227
Designated States:
(Protection type is "patent" unless otherwise stated - for applications
prior to 2004)
  AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GD GE GH
  GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN
  MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU ZW
  GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH CY DE
  DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR
  NE SN TD TG
Publication Language: English
Fulltext Word Count: 11281

Fulltext Availability:
  Detailed Description

Detailed Description
... medical problem.

  This step is optional and is not required for auto
  adjudication of the **patient**'s claim. However, it is
  beneficial
  for satisfaction of both the healthcare provider's and...percentage of
  claims will not be able to be auto-adjudicated.

  For those claims, the **healthcare** provider 12 may
  monitor the
  - 25 progress of those claims that must be manually adjudicated...

...phone lines.

  Generally, there are many conventional ways for the
  healthcare provider to generate the **healthcare**
  transaction or
  claim for adjudication. The
  healthcare provider 12 may have
  practice administration software of the type described in the
  background of the application which includes claim data entry
  and submission through a **claims** processor. Typically,
  the
  healthcare provider 12 fills out the claim on a paper
  form such
  as the HCFA 1500...

...adjudicated and a
  settlement transaction is transmitted to the Healthcare
  Provider
  At step 214, the **claim** submitted by the
  healthcare
  provider 12 is adjudicated and either a request for more
  information or an Adjudicated Settlement...

 31/3,K/2   (Item 1 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

02114912 67233360
Nachfrist Was Ist? Thinking globally and acting locally: Considering time
extension   principles   of the U.N. convention on contracts for the
international sale of goods in ...
Duncan, John C Jr
Brigham Young University Law Review v2000n4 PP: 1363-1411 2000
WORD COUNT: 20614

...TEXT: problems in determining whether such nonpayment causes substantial
impairment of the whole contract. A Nachfrist **notice**
could require **payment** due on a particular date, with
nonpayment by that date being considered substantial impairment of...any
remedy for breach of contract. However, the buyer is not deprived thereby
of any **right** he may have to **claim**
damages for delay in performance.

CISG, supra note 1, art. 47. Article 63 provides a similar...Under Article
47(2) and 63(2), the aggrieved party is not deprived of the
right to **claim**
damages caused by the delay in performance, even if
additional time is extended through the Nachfrist...Schadbach, supra note
19, at 350 (suggesting Nachfrist would change the current UCC provisions
for **notice** of termination and
requests for adequate assurances). Neither the notice of
termination under 2-309(3) nor the notice...

 31/3,K/3   (Item 2 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01914419 05-65411
Market Source
Anonymous
Health Management Technology v20n10 PP: 60-64 Nov 1999
WORD COUNT: 2271

...TEXT: the 997 Functional Acknowledgement, which is the electronic report
generated by Medicare each time a **healthcare** provider
submits electronic **claims** for payment. The 997 is much
more than a simple receipt-it provides feedback about the
accuracy of each claim. For example, if a

claim contains a coding **error**, the
997 lists the problem, allowing staff to correct and resubmit problem
claims almost immediately...for healthcare information exchange, which
together will automatically interpret and translate medical procedures into
any **medical claims** coding format or
method required by the claims payer.-CitX Corp.

 31/3,K/4   (Item 3 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01822002 04-72993
Don't tell juries about statutory damage caps: The merits of nondisclosure
Kang, Michael S
University of Chicago Law Review v66n2 PP: 469-493 Spring 1999
ISSN: 0041-9494 JRNL CODE: UCL
WORD COUNT: 12271

...TEXT: J Contemp L 217 (1995); Stephen K. Meyer, Comment, The California
Statutory Cap on Noneconomic **Damages** in
Medical Malpractice **Claims**:
Implications on the **Right** to a Trial by Jury, 32 Santa
Clara L Rev 1197 (1992); Marco de Sa...

 31/3,K/5   (Item 4 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01764726 04-15717
The insurance refund request: A legal analysis
Rollman, Sarah O
Healthcare Financial Management v52n12 PP: 52-54 Dec 1998
ISSN: 0735-0732 JRNL CODE: HFM
WORD COUNT: 2182

...TEXT: because of the mistaken payment, cannot have induced the mistaken
payment, and cannot have had **notice** of the mistaken
payment. n These conditions mean that the healthcare
provider was an innocent third party in that...that led to the overpayment,
says simply that the provider should submit an accurate claim.
Submitting an inaccurate claim essentially is making a
misrepresentation. A misrepresentation, whether intentional or negligent,
constitutes...

...refund the payment because the provider had had no part in inducing the
mistaken payment.

Notice of the mistaken **payment**.
Finally, the provider cannot have known (had **notice**)
before receiving **payment** that the insurer was not
obligated to pay the mistaken or inaccurate claim. For example...
...a claim, such as that the claim form is missing necessary information or
that the **medical** necessity of a **claim**
has not been evaluated. Because the insurer knows (or should know) that it
cannot fully...

31/3,K/6   (Item 5 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01657725 03-08715
Calling off the bounty hunters: Discrediting the use of alleged
anti-kickback violations to support civil false claims actions
Phelps, Lisa Michelle
Vanderbilt Law Review v51n4 PP: 1003-1047 May 1998
ISSN: 0042-2533 JRNL CODE: AVLR
WORD COUNT: 21062

...TEXT: the False Claims Act is used expansively to protect the government
from paying on fraudulent **claims**. Further,
health care fraud, undeniably, is a
tremendous problem, and the government needs effective tools to combat this
...fraud to a wider range of contractor conduct").

45. Qui Tam Plaintiffs Often Arguing False **Claims**
Violation, Attorney Says, **Health Care**
Daily (BNA) (June 12, 1996). The same critics concede, however, that these
actions are surviving...784, 787 (S.D. Miss. 1980) (finding no inference of
fraud from mere submission of **claim** for necessary
medical services even when plaintiff alleged
physiciandefendant had submitted **claims** when no
medical license was properly filed with the state). 144.
See United States ex rel. Weinberger v...

31/3,K/7   (Item 6 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

01584940 02-35929
The check really is in the mail
Jordan, Sharon; Jewart, Tom
Nursing Homes v47n2 PP: 48-49 Feb 1998
ISSN: 1061-4753 JRNL CODE: NHS
WORD COUNT: 1397

...TEXT: Sound incredible? In Arkansas, that kind of rapid claims
processing is a reality. An electronic **medical**
claims processing system -- instituted by Electronic
Data Systems (EDS) and the Arkansas Department of Human Services...

...in the same day, if they've been rejected because of missing information
or an **error** on the **claims** form that
can be **corrected** immediately. That's because when a
provider makes a submission, the claim is edited by...Medical Services, and
Tom Jewart is Director, Electronic Data Systems (EDS), the fiscal agent for
medical claims processing in
Arkansas. The AEVCS system is part of a larger program for which the...

31/3,K/8   (Item 7 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

00747713 93-96934
Managing P/C health care costs
Hatherley, James A
Best's Review (Life/Health) v94n4 PP: 47-49 Aug 1993
ISSN: 0005-9706 JRNL CODE: BIH
WORD COUNT: 1975

...TEXT: which can control medical costs without sacrificing quality care.
Seventy percent of incoming workers' compensation **claims**
involve **medical** care only. Programs and procedures that
reduce bills to the appropriate charges or that target...or discovered
through litigation, leaving no opportunity to control or influence medical
costs or other **damages**. Even when a
claim is promptly reported, the claimant has the
right to pursue the level of medical care consistent
with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.

Because damages arising from general liability **claims**
are fault-based, **medical** costs become part of the
overall damages and are adjusted and paid when the case...

31/3,K/9   (Item 8 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

00736196 93-85417
Renewal commissions and other income items as gifts to charity at death
Leimberg, Stephan R; Huber, Melvyn Jay
Journal of the American Society of CLU & ChFC v47n4 PP: 80-96 Jul
1993
ISSN: 0742-9517 JRNL CODE: CLU
WORD COUNT: 14967

...TEXT: common types of IRD are compensation, investment income, and sales
proceeds. Other common examples are **damage**
claims, alimony arrears, **medical**
reimbursement **rights**, and trust or estate income
distributed to a beneficiary after the beneficiary's death.

31/3,K/10   (Item 9 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)

00717820 93-67041
Managing P/C health care costs
Hatherly, James A
Best's Review (Prop/Casualty) v94n2 PP: 47-49+ Jun 1993
ISSN: 0161-7745 JRNL CODE: BIP
WORD COUNT: 1994

...TEXT: which can control medical costs without sacrificing quality care.
Seventy percent of incoming workers' compensation **claims**
involve **medical** care only. Programs and procedures that
reduce bills to the appropriate charges or that target...or discovered
through litigation, leaving no opportunity to control or influence medical
costs or other **damages**. Even when a
claim is promptly reported, the claimant has the
right to pursue the level of medical care consistent
with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.

Because damages arising from general liability **claims**
are fault-based, **medical** costs become part of the
overall damages and are adjusted and paid when the case...

 31/3,K/12   (Item 2 from file: 810)
DIALOG(R)File 810: Business Wire
(c) 1999 Business Wire . All rights reserved.

0935580   BW0077

REALMED: RealMed Announces Pilot Results; Real-time Claim Resolution Gets
   High Marks

November 09, 1998

Byline: Business Editors, Health/Medical Writers

    ...announcement in that regard in the near term," said
Peterson.
Background
    The RealMed Network resolves **healthcare cl**
aims at the provider's
office before the patient leaves. The patient and physician or staff...

...it is especially significant for the industry
that 99.96% of our claims are error-**free**," Peterson expl
ained.
    "The 69 second average elapsed time includes claim times that
clearly skew our...of Rheumatology Associates, in
Indianapolis, Ind.
    "The eligibility check does eliminate a lot of unnecessary
claims. If the **patient** is not eligibl
e, it means you don't have to
send the claim to the...Gillespie   Accounts Manager,   (317) 7
87-1463
                    Fishers Immediate Care
                    Center, Indianapolis, Ind.
    RealMed Corporation, a **healthcare claims&l**
t;/B> resolution company,
provides the nation's first on-the-spot, computerized claim resolution
and payment system. The RealMed Network is designed to re-engineer and
streamline both the medical claims
 and the payment processing systems
used throughout the trillion-dollar U.S. healthcare industry, while...

31/3,K/13   (Item 1 from file: 275)
DIALOG(R)File 275: Gale Group Computer DB(TM)

02349970   SUPPLIER NUMBER: 57594849   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Market Source.
Health Management Technology, 20, 10, 60
Nov, 1999
ISSN: 1074-4770   LANGUAGE: English   RECORD TYPE: Fulltext
WORD COUNT: 1903   LINE COUNT: 00175

...   the 997 Functional Acknowledgement, which is the electronic report
generated by Medicare each time a **healthcare** provider
submits electronic **claims** for payment. The 997 is much
more than a simple receipt-it provides feedback about the
accuracy of each claim. For example, if a
claim contains a coding **error**, the
997 lists the problem, allowing staff to correct and resubmit problem
claims almost immediately...

...for healthcare information exchange, which together will automatically
interpret and translate medical procedures into any
medical claims coding format or
method required by the claims payer.--CitX Corp.
    For more information circle...

31/3,K/14   (Item 2 from file: 275)
DIALOG(R)File 275: Gale Group Computer DB(TM)

02162326   SUPPLIER NUMBER: 20426469   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Obstacles to ubiquity: EDI's slow acceptance. (electronic data interchange
 in the health care industry) (includes related articles on Blue Cross
 Blue Shield of Massachusetts' use of EDI, on a social worker's use of
 InStream's Therapist Helper electronic commerce software, and on EDI
 terminology) (Technology Information)
Cupito, Mary Carmen
Health Management Technology, v19, n4, p30(5)
March, 1998
ISSN: 1074-4770   LANGUAGE: English   RECORD TYPE: Fulltext; Abstract
WORD COUNT: 3867   LINE COUNT: 00314

...   users who are less sophisticated have a higher percentage of
expenses."
    Historically, EDI systems in **health** care focused
on claims payment. They worked in one direction, from provider to payer.
Almost...will enable business partners to share information electronically.
    But the adoption of EDI in health **care**
claims processing remains low. Weinberger and other
members of clearinghouses are betting that when health organizations...use
the systems free interactive telephone system. They use touch-tone phones
to electronically submit **claims**, verify
patient eligibility for the company's indemnity and

managed care plans, request and verify referrals and...

...payments, keep his schedule and record patient information.
    He was interested when payers began sending
notices with **payments** encouraging him
to inquire about electronic billing. But when he did, he says, "they all...
byte for sending a data file over a network.
    UB92: A standard for electronic hospital **claims**
developed by the **Health Care**
Financing Administration.
    VAN: value-added network. A computer system that uses electronic
mailboxes to store...

 31/3,K/16   (Item 1 from file: 621)
DIALOG(R)File 621: Gale Group New Prod.Annou.(R)
(c) 2009 Gale/Cengage. All rights reserved.

01766989   Supplier Number: 53335051 (USE FORMAT 007 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative.
Business Wire, p1391
Dec 2, 1998
Language: English   Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 541

...   an ATM machine. The PIN number prevents a physician, clerk, or
criminal syndicate from filing **claims** without the
patient's review and helps decrease illegitimate claims
and unlawful claim items from being added to...

...recently completed Pilot program in Indianapolis, 99.96% of RealMed's
claims were received error-**free** by the payer, in
real-time.)
    RealMed's e-commerce solution also protects the healthcare...

...are built into the RealMed system to operate in all instances when
RealMed resolves a **healthcare claim**.
For more information, go to www.realmed.com.
    RealMed Corporation, based in Indianapolis, Ind. is a
healthcare claims resolution company
that provides the nation's first on-the-spot, computerized claim resolution
and payment system. The RealMed Network is designed to re-engineer and
streamline both the **medical claims**
and the payment processing systems used throughout the trillion-dollar U.S.
healthcare industry, while...

 31/3,K/18   (Item 2 from file: 636)
DIALOG(R)File 636: Gale Group Newsletter DB(TM)
(c) 2009 Gale/Cengage. All rights reserved.

01939307   Supplier Number: 43418874 (USE FORMAT 7 FOR FULLTEXT)
Why ANSI Is Antsy To Develop On-Line Processing Standards
Automated Medical Payments News, pN/A
Nov, 1992
Language: English   Record Type: Fulltext

Document Type: Newsletter; Trade
Word Count: 786

...   out to define the type of data processing code needed for switching
an on-line **healthcare** transaction. Unlike batch claims
processing, on-line claims processing requires providers and payers to
exchange...

...needed because current payer billing information demands are producing
on-line electronic claims processing gridlock.
    Healthcare insurance companies are notorious for
demanding that providers submit the same electronic claim form, but...

...or their interpretation of the ANSI code. In Florida, for instance, the
average physician sends **claims** to nearly 200
healthcare payers annually. Yet it is not uncommon for
each insurance company to have its own...
...the same electronic claim form to all payers, but one insurance company
may demand the **claim** contain detailed
medical procedure coding, while another payer may
request a different provider identification number.
    "If every payer...

...national on-line networks using common data processing standards.
Already a number of major electronic **claims** processors,
including the **Health Care** Financing
Administration, the National Electronic Information Corp. and the Blue
Cross and Blue Shield Association...

 31/3,K/19   (Item 1 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)
(c) 2009 Gale/Cengage. All rights reserved.

06675724   Supplier Number: 55879347 (USE FORMAT 7 FOR FULLTEXT)
Enforcements.
Insurance Accounting, v10, n37, p1
Sept 27, 1999
Language: English   Record Type: Fulltext
Document Type: Newsletter; Trade
Word Count: 751

...   to put corrective measures in place to avoid future violations.
    Total Fines: $2,600
    United **Healthcare**
    Failed to pay **claims** promptly
and agree to put **corrective** measures in place to avoid
future violations.
    Total Fines: $1,700
    Excellus
    Failed to pay...

 31/3,K/20   (Item 2 from file: 16)
DIALOG(R)File 16: Gale Group PROMT(R)
(c) 2009 Gale/Cengage. All rights reserved.

06107758   Supplier Number: 53690912 (USE FORMAT 7 FOR FULLTEXT)
Banks overcome most euro hiccups.
European Banker, pNA
Feb, 1999
Language: English   Record Type: Fulltext
Document Type: Newsletter; Trade
Word Count: 702

  (USE FORMAT 7 FOR FULLTEXT)

ABSTRACT:
TEXT:
...offices outside Germany, creating a bottleneck in Frankfurt. SWIFT, the
financial messaging system, had to **send** its members a
notice clarifying how **payment** orders
should be **filled** out because of confusion created by
errors in payments orders. The other big issue for...

 31/3,K/21   (Item 3 from file: 16)
DIALOG(R) File 16: Gale Group PROMT(R)

05983109   Supplier Number: 53335051 (USE FORMAT 7 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative.
Business Wire, p1391
Dec 2, 1998
Language: English   Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 541

...   an ATM machine. The PIN number prevents a physician, clerk, or
criminal syndicate from filing **claims** without the
patient's review and helps decrease illegitimate claims
and unlawful claim items from being added to...

...recently completed Pilot program in Indianapolis, 99.96% of RealMed's
claims were received error-**free** by the payer, in
real-time.)
    RealMed's e-commerce solution also protects the healthcare...

...are built into the RealMed system to operate in all instances when
RealMed resolves a **healthcare claim**.
For more information, go to www.realmed.com.
    RealMed Corporation, based in Indianapolis, Ind. is a
healthcare claims resolution company
that provides the nation's first on-the-spot, computerized claim resolution
and payment system. The RealMed Network is designed to re-engineer and
streamline both the **medical claims**
and the payment processing systems used throughout the trillion-dollar U.S.
healthcare industry, while...

 31/3,K/22   (Item 1 from file: 148)
DIALOG(R) File 148: Gale Group Trade & Industry DB

11501558   SUPPLIER NUMBER: 57594849   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Market Source.
Health Management Technology, 20, 10, 60
Nov, 1999
ISSN: 1074-4770   LANGUAGE: English   RECORD TYPE: Fulltext
WORD COUNT: 1903   LINE COUNT: 00175

...   the 997 Functional Acknowledgement, which is the electronic report
generated by Medicare each time a **healthcare** provider
submits electronic **claims** for payment. The 997 is much
more than a simple receipt-it provides feedback about the
accuracy of each claim. For example, if a
claim contains a coding **error**, the
997 lists the problem, allowing staff to correct and resubmit problem
claims almost immediately...

...for healthcare information exchange, which together will automatically
interpret and translate medical procedures into any
medical claims coding format or
method required by the claims payer.--CitX Corp.
    For more information circle...

....

 31/3,K/23   (Item 2 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

10711396   SUPPLIER NUMBER: 53450270   (USE FORMAT 7 OR 9 FOR FULL TEXT)
The insurance refund request: a legal analysis.
Rollman, Sarah O.
Healthcare Financial Management, 52, 12, 52(3)
Dec, 1998
ISSN: 0735-0732   LANGUAGE: English   RECORD TYPE: Fulltext; Abstract
WORD COUNT: 2144   LINE COUNT: 00173

...   because of the mistaken payment, cannot have induced the mistaken
payment, and cannot have had **notice** of the mistaken
payment.(n) These conditions mean that the healthcare
provider was an innocent third party in that...

...that led to the overpayment, says simply that the provider should submit
an accurate claim. **Submitting** an inaccurate claim
essentially is making a misrepresentation. A misrepresentation, whether
intentional or negligent, constitutes...refund the payment because the
provider had had no part in inducing the mistaken payment.
    Notice of the mistaken **payment**.
Finally, the provider cannot have known (had **notice**)
before receiving **payment** that the insurer was not
obligated to pay the mistaken or inaccurate claim. For example...
...a claim, such as that the claim form is missing necessary information or
that the **medical** necessity of a **claim**
has not been evaluated. Because the insurer knows (or should know) that it
cannot fully...

....

 31/3,K/25   (Item 4 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

10123661   SUPPLIER NUMBER: 20426469   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Obstacles to ubiquity: EDI's slow acceptance. (electronic data interchange
 in the health care industry) (includes related articles on Blue Cross
 Blue Shield of Massachusetts' use of EDI, on a social worker's use of
 InStream's Therapist Helper electronic commerce software, and on EDI
 terminology) (Technology Information)
Cupito, Mary Carmen
Health Management Technology, v19, n4, p30(5)
March, 1998
ISSN: 1074-4770   LANGUAGE: English   RECORD TYPE: Fulltext; Abstract
WORD COUNT: 3867   LINE COUNT: 00314

...   users who are less sophisticated have a higher percentage of
expenses."
     Historically, EDI systems in **health** care focused
on claims payment. They worked in one direction, from provider to payer.
Almost...will enable business partners to share information electronically.
     But the adoption of EDI in health **care**
claims processing remains low. Weinberger and other
members of clearinghouses are betting that when health organizations...use
the systems free interactive telephone system. They use touch-tone phones
to electronically submit **claims**, verify
patient eligibility for the company's indemnity and
managed care plans, request and verify referrals and...

...payments, keep his schedule and record patient information.
     He was interested when payers began sending
notices with **payments** encouraging him
to inquire about electronic billing. But when he did, he says, "they all...
byte for sending a data file over a network.
     UB92: A standard for electronic hospital **claims**
developed by the **Health Care**
Financing Administration.
     VAN: value-added network. A computer system that uses electronic
mailboxes to store...

....

 31/3,K/26   (Item 5 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

07221179   SUPPLIER NUMBER: 15068645   (USE FORMAT 7 OR 9 FOR FULL TEXT)
1994 market directory issue: more than 600 information technology company
 listings. (vendors of health technology-related products and services,
 organizations and events) (Directory)
Health Management Technology, v15, n3, p14(113)
Feb 15, 1994
DOCUMENT TYPE: Directory   LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT;
 ABSTRACT
WORD COUNT: 69033   LINE COUNT: 06228

...   Market a turnkey system to provide practice management and managed

care functions including electronic claims **submission**,
appointment scheduling, medical records. Report writer, billing, financial,
referral, interface for hospital HIS.
 Quick Notes...150 provider groups in nine states use EZ-CAP. EZ-CAP
processes HMO patient claims **and** encounters, treatment
authorizations, validates patient eligibility and benefits, calculates
capitation payments, writes checks and produces...Spotcheck Elec.
Verification System Primary Application: Electronic Download, Editing and
Submission of all healthcare claims **to**
all payers Hardware/Operating System: PC-based, LAN, DOS
5.0 or higher
 StellarNet designs, develops, implements and supports software and
electronic data interchange services for submitting healthcare claims,
workers' compensation claims and
reports to all payers and reviewers. ...Application:
Integrated hospital information systems, laboratory & radiology
systems, patient care, patient accounting, pharmacy, medical records,
electronic claims processing, **EDI**,
eligibility verification
 Hardware/Operating System: Stratus XA/R Continuous Processing
Systems, with FTX (industry-standard...

31/3,K/27 (Item 6 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

06711705 SUPPLIER NUMBER: 14361805 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managing P/C health care costs. (property/casualty)
Hatherley, James A.
Best's Review - Life-Health Insurance Edition, v94, n4, p47(3)
August, 1993
ISSN: 0005-9706 LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 2125 LINE COUNT: 00180

... which can control medical costs without sacrificing quality care.
Seventy percent of incoming workers' compensation **claims**
involve **medical** care only. Programs and procedures that
reduce bills to the appropriate charges or that target...or discovered
through litigation, leaving no opportunity to control or influence medical
costs or other **damages**. Even when a
claim is promptly reported, the claimant has the
right to pursue the level of medical care consistent
with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.
 Because damages arising from general liability
claims are fault-based, and **medical** costs
become part of the overall damages and are adjusted and paid when the case
...

31/3,K/28 (Item 7 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB

06486740   SUPPLIER NUMBER: 13855790   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managing P/C health care costs. (property and casualty)
Hatherley, James A.
Best's Review - Property-Casualty Insurance Edition, v94, n2, p47(3)
June, 1993
ISSN: 0161-7745   LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT; ABSTRACT
WORD COUNT: 2160   LINE COUNT: 00183

...   which can control medical costs without sacrificing quality care.
Seventy percent of incoming workers' compensation **claims**
involve **medical** care only. Programs and procedures that
reduce bills to the appropriate charges or that target...or discovered
through litigation, leaving no opportunity to control or influence medical
costs or other **damages**. Even when a
claim is promptly reported, the claimant has the
right to pursue the level of medical care consistent
with the injuries, subject only to a...

...accumulated allows an insurer to develop a disposition strategy.
    Because damages arising from general liability
claims are fault-based, **medical** costs
become part of the overall damages and are adjusted and paid when the case
...

 31/3,K/29   (Item 8 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
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05084389   SUPPLIER NUMBER: 09312446   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Credit balances can trip up a provider's accounting.
Rode, Dan
Healthcare Financial Management, v45, n1, p90(2)
Jan, 1991
ISSN: 0735-0732   LANGUAGE: ENGLISH   RECORD TYPE: FULLTEXT
WORD COUNT: 1169   LINE COUNT: 00123

...   response to a U.S. Senate investigation of revenue recovery firms,
HFMA noted that a **patient** bill or
claim was covered by a professional obligation stated in
the HFMA Code of Ethics, "Striving for...

...eliminate the problem, but much of the information providers receive
does not allow providers and **claims** payers to process
error-free claims.
At the least, **patient** accounting departments should
establish a procedure and schedule for addressing credit balances, taking
care to...

 31/3,K/30   (Item 9 from file: 148)
DIALOG(R)File 148: Gale Group Trade & Industry DB
(c) 2009 Gale/Cengage. All rights reserved.

04506617   SUPPLIER NUMBER: 08329023   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Applying the brakes to medical casualty costs.
Gots, Ronald E.
Best's Review - Property-Casualty Insurance Edition, v90, n10, p50(3)

...   relatively ineffective claims approaches to combat these new
pressures, thereby exacerbating the situation.
      The independent **medical** examination, one such
claims approach, is a tool of occasional but limited value. It is...

...accident, justifying endless care for what was, at most, a minimal and
transient aggravation. Thus, **medical**
claims in the casualty settings are often ill-founded
from the start because the condition was...of clinical practice, a field
foreign to most IME physicians.
      LOOKING FOR ANSWERS
      The casualty **medical claims**
industry is besieged by market forces which have institutionalized wasteful
medical claims practices that lead to
premium increases. Increased use of IME physicians is clearly not a...
insured event.
      RONALD E. GOTS, M.D., Ph.D., a previous contributor, is president of
Medical Claims Review Services,
Bethesda, Md.

10479956 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Insurance pays off for skier
CANBERRA TIMES , CT ed, p12
April 10, 2000
JOURNAL CODE: WCTS   LANGUAGE: English   RECORD TYPE: FULLTEXT
WORD COUNT: 372

 (USE FORMAT 7 OR 9 FOR FULLTEXT)

...   company was no longer the insurer dealing with the matter. The
staff said they would **pass** the **completed</B& claim   forms and medical**
certificate to the correct company.
    There was confusion each time she telephoned the new company...

03630165 (USE FORMAT 7 OR 9 FOR FULLTEXT)
RealMed Announces Medicare and Medicaid Anti-Fraud Initiative
BUSINESS WIRE
December 02, 1998
JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 569

 (USE FORMAT 7 OR 9 FOR FULLTEXT)

...   an ATM machine. The PIN number prevents a physician, clerk, or criminal syndicate from filing claims without the patient 's review and helps decrease illegitimate claims and unlawful claim items from being added to...

... recently completed Pilot program in Indianapolis, 99.96% of RealMed's claims were received error-free by the payer, in real-time.)
    RealMed's e-commerce solution also protects the healthcare...

... are built into the RealMed system to operate in all instances when RealMed resolves a healthcare claim.
For more information, go to www.realmed.com.
    RealMed Corporation, based in Indianapolis, Ind. is a healthcare claims resolution company
that provides the nation's first on-the-spot, computerized claim resolution and payment system. The RealMed Network is designed to re-engineer and streamline both the medical claims
and the payment processing systems used throughout the trillion-dollar U.S. healthcare industry, while...

31/3,K/36   (Item 6 from file: 20)
DIALOG(R)File 20: Dialog Global Reporter
(c) 2009 Dialog. All rights reserved.

01212975 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Texas' MedQuest Helps Physicians Cure Ills of Insurance Claims, Billing
Jim Fuquay
KRTBN KNIGHT-RIDDER TRIBUNE BUSINESS NEWS (FORT WORTH STAR-TELEGRAM, TEXAS
)
March 23, 1998   14:9
JOURNAL CODE: KFWS   LANGUAGE: English   RECORD TYPE: FULLTEXT
WORD COUNT: 872

 (USE FORMAT 7 OR 9 FOR FULLTEXT)

...   his motto -- "Accuracy. Accuracy. Accuracy." -- haunts the hallways where people and machines sort endless insurance claims
 forms for medical procedures.
    Williams estimates that insurers kick back about 4 percent to 5...

...what those doctors do," Millar says.
    Healthfirst also employs a certified medical coder to handle claims for the practice's specialists, which include
ear-nose-throat and ob-gyn.
    "That's...

...s a premium on getting it right the first time, she says.
    More and more medical claims are
filed electronically, which holds the promise of faster payment. But the same rules of...

... The 1997 Legislature passed statutes that spell out how long insurers can   take to reimburse medical providers.
Error-free claims
 must be paid within 45 days.
    Berven says that in his experience, "all these companies...

31/3,K/37　(Item 1 from file: 625)

0242279
Enforcements
Insurance Accountant - September 27, 1999; Pg. 1; Vol. 10, No. 37
DOCUMENT TYPE: Newsletter　LANGUAGE: English　RECORD TYPE: Fulltext
WORD COUNT:　732

TEXT:
...to put corrective measures
in place to avoid future violations.
　Total Fines: $2,600
　United Healthcare
　Failed to pay claims promptly and
agree to put corrective measures
in place to avoid future violations.
　Total Fines: $1,700
　Excellus
　Failed to pay...

31/3,K/39　(Item 1 from file: 47)

06006549　SUPPLIER NUMBER: 70368452　(USE FORMAT 7 OR 9 FOR FULL TEXT)
Interlibrary Loan and Resource Sharing Products: An Overview of Current
 Features and Functionality.
Jackson, Mary E.
Library Technology Reports, 36, 6, 1
Nov, 2000
ISSN: 0024-2586　LANGUAGE: English　RECORD TYPE: Fulltext
WORD COUNT:　80775　LINE COUNT: 06653

...　generated. Staff indication of supply, on hold, rejected, or
unfilled requests automatically generates appropriate notices.
Notices may be either printed or sent
electronically. Lending requests can be printed in a locally defined...

...The request, on receipt, is associated with the primary ILL processing
unit. If the request needs to be routed to an
alternative ILL processing unit within the operating environment, the ILL
...in the form and manner desired by the customer. Customizable first and
second overdue notices are produced when desired. Items
to be returned are updated in Clio using a barcode scanner...

...customer may choose to notify patrons by mail or another method.
　Clio prints overdue notices for patrons, but the
next release will include the capability of e-mailing overdue notices to...

IV. <u>Text Search Results from Dialog II</u>

show files

```
File  8:Ei Compendex(R) 1884-2009/Aug W4
      (c) 2009 Elsevier Eng. Info. Inc.
File 14:Mechanical and Transport Engineer Abstract 1966-2009/Aug
      (c) 2009 CSA.
File  6:NTIS 1964-2009/Sep W2
      (c) 2009 NTIS, Intl Cpyrght All Rights Res
File 34:SciSearch(R) Cited Ref Sci 1990-2009/Aug W4
      (c) 2009 The Thomson Corp
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
      (c) 2006 The Thomson Corp
File  7:Social SciSearch(R) 1972-2009/Aug W4
      (c) 2009 The Thomson Corp
File 625:American Banker Publications 1981-2008/Jun 26
      (c) 2008 American Banker
File 637:Journal of Commerce 1986-2009/Oct 08
      (c) 2009 UBM Global Trade
File 169:Insurance Periodicals 1984-1999/Nov 15
      (c) 1999 NILS Publishing Co.
File 130:PHIND(Daily & Current) 2009/Sep 01
      (c) 2009 Informa UK Ltd
File 455:Drug News & Perspectives 1992-2005/Aug
      (c) 2005 Prous Science
File 74:Int.Pharm.Abs 1970-2009/Jun B1
      (c) 2009 The Thomson Corporation
File 42:Pharm. News Index 1974-2009/Aug W1
      (c) 2009 ProQuest Info&Learning
File 149:TGG Health&Wellness DB(SM) 1976-2009/Aug W1
      (c) 2009 Gale/Cengage
File 444:New England Journal of Med. 1985-2009/Aug W4
      (c) 2009 Mass. Med. Soc.
File  5:Biosis Previews(R) 1926-2009/Aug W5
      (c) 2009 The Thomson Corporation
File 73:EMBASE 1974-2009/Aug 31
      (c) 2009 Elsevier B.V.
File 155:MEDLINE(R) 1950-2009/Aug 31
      (c) format only 2009 Dialog
```

? **ds**

```
Set    Items   Description
S1     4556   (CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? -
         OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR -
         ERRORLESS OR (ERROR? ? OR MISTAKE?)(2N)FREE))(3N)(CLAIM? ? OR
         NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S2     1350   (COMPLETED OR FINISHED OR FINISH OR COMPLETE OR FILL OR FI-
         LLED)(5N)(CLAIM? ? OR  NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR RE-
         QUEST? ?))
S3       65   (S1:S2)(3N)(SUBMITTING OR SUBMIT  SEND OR SENDING OR TR-
         ANSFER OR TRANSFERRING OR FORWARD OR FORWARDING OR PASS OR PA-
         SSING OR TRANSMIT OR TRANSMITTING)
S4     6823   (DEFECT?? OR FLAW?? OR ERROR OR FAULT?? OR FAIL??? OR IRRE-
```

```
            GULAR??? OR IMPERFECT??? OR DAMAG???)(3N)(CLAIM? ? OR  NOTICE?
            ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S5     143   S4(7N)(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERR-
            OR? ? OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA-
            ?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?)(2N)FREE))
S6     749   (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
            OR GUARANT?R? ?)(3N) (CLAIM? ? OR NOTICE? ?)(3W)(LOSS OR PAY-
            MENT? ? OR REQUEST? ? OR EXPECTATION? ? OR EXPECT?? OR FIL???
            )
S7     2    S6(7N)(SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR  MINICOM-
            PUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN()FRAMES -
            OR (MINI OR MICRO OR SUPER)()COMPUTER? ?)
S8     4    S6(7N)(NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKS-
            TATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)
S9    293162  (MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MU-
            LTI)(3N)(STRATEG? OR TRAD??? OR RULES?? OR  REGULATION? ? OR -
            POLICY OR POLICES OR PLAN?)
S10   105335  (SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR
            CORRECT? OR REMED??? OR FULFIL?)(3N)(STRATEG? OR TRAD??? OR R-
            ULES?? OR  REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S11    73777  (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
            OR GUARANT?R? ?)(3N) (STRATEG? OR TRAD??? OR RULES?? OR  REG-
            ULATION? ? OR POLICY OR POLICES OR PLAN?)
S12    16454  (MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT OR CLINI-
            C?)(3N)CLAIM? ? OR  NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUE-
            ST? ?)
S13    16960  AU=(AMAR, A? OR AMAR A? OR AMAR(2N)A? OR STONE, S? OR STONE
            S? OR STONE(2N)S? OR PARK, E? OR PARK E? OR PARK(2N)E?  OR P-
            ARK, T? OR PARK  T? OR PARK(2N)T?)
S14    0    S13 AND S3
S15    12   S13 AND S4
S16    4    S3 AND S6
S17    8    S3 AND S9
S18    5    S3 AND S10
S19    14   S3 AND S11
S20    4    S7 OR S8
S21    28   S3 NOT PY>2000
S22    36   S15 OR S16 OR S17 OR S18 OR S19 OR S20
S23    19   S22 NOT PY>2000
```

TEXT:
...other creditors. When you send a proof of
claim, and it is ignored, they lose **right** to
submit claims. The
federal government apparently feels it is not bound by any other
procedures."
   The EPA...

21/3,K/3   (Item 2 from file: 625)
DIALOG(R)File 625: American Banker Publications

0151621
* Gun-Shy on Health Care
American Banker - October 21, 1994; Pg. 13; Vol. 159, No. 204
WORD COUNT: 1,610

BYLINE:
By KAREN EPPER

TEXT:
...information on deductibles, co-payment requirements,
and other coverage details. The doctor could then electronically
complete
and **transmit** the **claim** form to the
insurance company, which would in turn
credit the doctor's account.
  While...

21/3,K/5   (Item 4 from file: 625)
DIALOG(R)File 625: American Banker Publications

0124496
* Banc One To Pioneer Doctor Bill Payment Net
American Banker - March 17, 1992; Pg. 1; Vol. 157, No. 052
WORD COUNT: 649

BYLINE:
By YVETTE D. KANTROW

TEXT:
...details of a cardholder's
insurance coverage. The doctor would then use the terminal to
complete the
insurance **claim** and electronically **transmit<**
/ B> it to the insurance company.
  The insurance company, in turn, would credit the physician's...

21/3,K/6   (Item 5 from file: 625)
DIALOG(R)File 625: American Banker Publications

0021387
Cigna Plans to Offer Telecommunications For Insurance Agents
American Banker - October 18, 1983, Tuesday; Pg. 14
WORD COUNT: 104

TEXT:
...the IVANS telecommunications network.
  Initially, agents will have the ability to access various application

and **claim** forms, **complete** them
electronically, and **transmit** them to the appropriate
office for processing.
   There will also be an electronic mail feature...

 21/3,K/18   (Item 7 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01428147   SUPPLIER NUMBER: 14343074   (USE FORMAT 7 OR 9 FOR FULL TEXT)
New office technology lets you get more done faster. (office automation for
  physician's clinic)(includes related articles on how a new computer
  system helped two surgeons; how to choose a computer-system
  vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0025-7206 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 3034   LINE COUNT: 00290

...   in two weeks or less. By adding a modem to your computer, you can
begin **transmitting claims**
right away, perhaps over one of your office's existing
phone lines (see page 54).
     "Five...

...edits claims and flags areas where data are missing, so that the staff
can make **corrections** before
transmitting the **claims** to the
insurer."
     Contact your major insurers for a list of vendors approved to handle
...

 21/3,K/19   (Item 8 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01377025   SUPPLIER NUMBER: 14804352   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Supplementary medical insurance benefit for physician and supplier
  services. (Medicare and Medicaid Statistical Supplement)
Helbing, Charles; Petrie, John T.
Health Care Financing Review, v14, nSUPP, p149(33)
Annual,
1992
PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 5902   LINE COUNT: 00506

...   that for services furnished on or after
     September 1, 1990, a physician or supplier must

complete and **submit** a standard
claim form (specified
by the DHHS Secretary) for Medicare beneficiaries.
No charge may be assessed for...

21/3,K/21   (Item 10 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01099598   SUPPLIER NUMBER: 04138050   (USE FORMAT 7 OR 9 FOR FULL TEXT)
What do pharmacists think about third party? (Drug Topics poll)
Drug Topics, v130, p39(3)
Feb 17,
1986
PUBLICATION FORMAT: Magazine/Journal ISSN: 0012-6616 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Trade
WORD COUNT: 872   LINE COUNT: 00083

...   by poll respondents is the rules and regulations they must wade
through in order to **correctly submit**
their **claims** to private third-party programs. A staff
pharmacist at a Southern chain said the sheer...

21/3,K/25   (Item 1 from file: 73)
DIALOG(R)File 73: EMBASE
(c) 2009 Elsevier B.V. All rights reserved.

0073441530   EMBASE No: 1987205564
Measuring and monitoring quality in accounts receivable
Jupp D.A.

Healthcare Financial Management (HEALTHC. FINANC. MANAGE.) (United
States) November 16, 1987, 41/9 (68-70+74)
CODEN: HFMAD   ISSN: 0735-0732
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English   SUMMARY LANGUAGE: English

...quality measurement for the receivable cycle, the financial manager is
able to identify financial risk, **submit** an
accurate claim, and reduce the need
for costly follow-up activity, improving receivables performance for the
hospital.

21/3,K/28   (Item 3 from file: 155)
DIALOG(R)File 155: MEDLINE(R)
(c) format only 2009 Dialog. All rights reserved.

08510409   PMID: 10283373
 Measuring and monitoring quality in accounts receivable.
 Jupp D A
 Healthcare financial management - journal of the Healthcare Financial
Management Association (UNITED STATES) Sep 1987, 41 (9) p68-70, 74,

   ...quality measurement for the receivable cycle, the financial manager is
able to   identify financial risk, **submit** an
accurate claim , and reduce the need
for costly follow-up activity, improving receivables performance for the
hospital.

23/3,K/1   (Item 1 from file: 625)
DIALOG(R)File 625: American Banker Publications

0189350
Illinois Sues U.S. Over Priority Status
Insurance Regulator - October 14, 1996; Pg. 1; Vol. 8, No. 39
DOCUMENT TYPE: Newsletter   LANGUAGE: English   RECORD TYPE: Fulltext
WORD COUNT: 685

TEXT:
...Gallanis, general counsel for the
office of the special deputy receiver.
    Fabe held that federal **claims** against a
failed insurer may be
subordinated under state law to claims of consumers and other
policyholders, the...

...checks from
being cut and distributed because it is asserting that federal claims
are priority **claims** and is **failing** to
resolve them, the complaint
argues.
   To demonstrate the federal government's alleged shirking of...

...other creditors. When you send a proof of
claim, and it is ignored, they lose **right** to
submit claims. The
federal government apparently feels it is not bound by any other
procedures."
   The EPA...

 23/3,K/2   (Item 2 from file: 625)
DIALOG(R)File 625: American Banker Publications

0151621
" Gun-Shy on Health Care
American Banker - October 21, 1994; Pg. 13; Vol. 159, No. 204
WORD COUNT: 1,610

BYLINE:
By KAREN EPPER

TEXT:
...systems were on the front burner of public policy.
   Still, the move toward standardization of **insurance-**
claim and **payment**
processing will certainly create demand for more automation. And a $1
trillion industry that reputedly...

...information on deductibles, co-payment requirements,
and other coverage details. The doctor could then electronically
complete
and **transmit** the **claim** form to the
insurance company, which would in turn
credit the doctor's account.
   While...

 23/3,K/3   (Item 3 from file: 625)
DIALOG(R)File 625: American Banker Publications

0151487
* Gun-Shy on Health Care
American Banker - September 21, 1994; Pg. 13; Vol. 159, No. 204
WORD COUNT: 1,610

BYLINE:
By KAREN EPPER

TEXT:
...systems were on the front burner of public policy.
   Still, the move toward standardization of **insurance-**
claim and **payment**
processing will certainly create demand for more automation. And a $1
trillion industry that reputedly...

...information on deductibles, co-payment requirements,
and other coverage details. The doctor could then electronically
complete
and **transmit** the **claim** form to the
insurance company, which would in turn
credit the doctor's account.
   While...

 23/3,K/4   (Item 4 from file: 625)
DIALOG(R)File 625: American Banker Publications

0124496
* Banc One To Pioneer Doctor Bill Payment Net
American Banker - March 17, 1992; Pg. 1; Vol. 157, No. 052
WORD COUNT: 649

BYLINE:
By YVETTE D. KANTROW

TEXT:
...that, about 20% was
to cover administrative and billing costs, such as the handling of
insurance claims and **payment**
reimbursements.
   Some banks as well as rival third-party processing companies have
expressed an interest...

...details of a cardholder's
insurance coverage. The doctor would then use the terminal to
complete the
insurance **claim** and electronically **transmit**<
/ B> **it to the insurance company.**
   The insurance company, in turn, would credit the physician's...

 23/3,K/5   (Item 5 from file: 625)
DIALOG(R)File 625: American Banker Publications

0021387
Cigna Plans to Offer Telecommunications For Insurance Agents
American Banker - October 18, 1983, Tuesday; Pg. 14
WORD COUNT: 104

TEXT:
Cigna Corp.'s agency division has announced **plans** to
offer **insurance** applications to selected sales agents
through the IVANS telecommunications network.
   Initially, agents will have the ability to access various application
and **claim** forms, **complete** them
electronically, and **transmit** them to the appropriate
office for processing.
   There will also be an electronic mail feature...

 23/3,K/6   (Item 1 from file: 637)
DIALOG(R)File 637: Journal of Commerce

BRIEFS
JOURNAL OF COMMERCE (JC) - April 08, 1998
By: From Wire and Staff Reports
Edition: Five Star Section: TRADE Page: 6A
Word Count: 622

... Windows-based trade document software program, developed by PBB to
enable users to create and **transmit** what the company
claims will be **error-free**<
;/ B> **documents from a desktop.**

   PBB will conduct a companywide test of its Year 200 readiness...

23/3,K/7   (Item 2 from file: 637)
DIALOG(R)File 637: Journal of Commerce

ICC Details Plan for Truck Reform Act
TRAFFIC WORLD (TW) - october 31, 1994
By: by David M. CawthorneSpecial to Traffic World
Section: COVER Page: 15
Word Count: 494

...traffic.

   By proposing a specific rate to a shipper, the commission said,
carriers lose their **right** to **submit**
 undercharge **claims** unless they specifically state that
a higher, collectively set rate is on file at the...

... now simply must show they comply with the ICC's fit, willing and able
standard, **comply** with DOT safety **regulations<**
;/ B> and have insurance on file at the agency.

   The ICC also said it will shortly propose a new...

23/3,K/9   (Item 4 from file: 637)
DIALOG(R)File 637: Journal of Commerce

Computer Viruses Mushroom; But Insurance Is Rarely Used to Cover Damage
JOURNAL OF COMMERCE (JC) - June 03, 1991
By: RUSS BANHAM Journal of Commerce Special
Section: SPEC Page: 7A
Word Count: 923

TEXT:
Computer viruses are spreading rapidly, but most companies appear reluctant
to file **insurance claims** covering
their **loss**, say **insurance** and
computer experts.

   While viruses are covered under standard electronic data-processing
insurance policies, most companies rarely...

CAPTION:

23/3,K/10   (Item 1 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)

01846140   SUPPLIER NUMBER: 55182368   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Children's Preventive Care Use Under Two Mature Medicaid Managed Care Plans
 in California.
Lo Sasso, Anthony T.; Gavin, Norma I.; Freund, Deborah A.
Health Care Financing Review, 19, 4, 69

Summer,
1998
PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional; Trade
WORD COUNT: 6990   LINE COUNT: 00753

...   spans a period through the early 1990s, our results are still
highly relevant to current **policy** discussions, because
many States are only now implementing new managed care
program,; and may gain insight from the...Tape and pseudo-claims files, we
could not count services for which providers did not
submit a **claim** and/or
fill out the appropriate paperwork. Site visit
interviews with providers reveal that this does occur (Research...

 23/3,K/11   (Item 2 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)
(c) 2009 Gale/Cengage. All rights reserved.

01532574   SUPPLIER NUMBER: 14401180   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Checkup on health insurance choices. (Pamphlet)
Pamphlet by: U.S. Department of Health and Human Services, p1A(21)
Dec,
1992
DOCUMENT TYPE: Pamphlet PUBLICATION FORMAT: Pamphlet LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 5609   LINE COUNT: 00459

...   children or no children--read this booklet to find out how to
choose a health **insurance plan** that
best meets your needs and your pocketbook.
    Definitions of health insurance terms that you...

...you.
    You're not alone. Many people have questions about how to select a
health **insurance plan**. This booklet
will help you find some answers.
    Health insurance is one of your most...

...the employer pays part or all of the cost.
    Some employers offer only one health **insurance
plan**. Some offer a choice of plans--a fee-for-service
plan, a health maintenance organization...

...labor union, professional association, club, or other organization you
belong to. Many organizations offer health **insurance
plans** to members.
    Individual **Insurance**
    If your employer does not offer group insurance, or if the insurance
offered is very...

...get a noncancellable policy (also called a guaranteed renewable policy),
then you will receive individual **insurance** under that
policy as long as you keep paying the monthly premium.
The insurance company can raise the...

...money you must pay each year to cover your medical care expenses before

your insurance **policy starts** paying.
   Exclusions--Specific conditions or circumstances for which the policy
will not provide benefits.
   HMO...

...costs, use, and quality of the health care system. All HMOs and PPOs,
and many **fee**-for-service plans, **have**
managed care.
   Maximum out-of-pocket--The most money you will be required pay a...

...Preexisting Condition--A health problem that existed before the date
your insurance became effective. Many **insurance**
plans will not cover preexisting
conditions. Some will cover them only after a waiting period.
   Premium--The...

01484745   SUPPLIER NUMBER: 15613604   (USE FORMAT 7 OR 9 FOR FULL TEXT)
How to get a deal in a dental plan. (using dental health maintenance
  organizations)
Clark, Jane Bennett
Kiplinger's Personal Finance Magazine, v48, n8, p104(2)
August,
1994
PUBLICATION FORMAT: Magazine/Journal ISSN: 1056-697X LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Consumer; Trade
WORD COUNT: 1524   LINE COUNT: 00123

...ABSTRACT: coverage for employees. Because premiums can be 30% below
conventional planes, employers favor them. Other
insurance plans are described and
tips on selecting them are provided.
...   the yearly benefit is rarely capped.
   OTHER CHOICES. Before you sign up for any dental
insurance plan, compare the most
popular employer offerings:
   * Direct-reimbursement plans. These reimburse the patient a fixed...

...claims to save money
   If you're like most people filing insurance claims, you either
submit each **claim**
right away or stick a bunch in a folder and shoot them
all off at one...

01428147   SUPPLIER NUMBER: 14343074   (USE FORMAT 7 OR 9 FOR FULL TEXT)
New office technology lets you get more done faster. (office automation for
  physician's clinic)(includes related articles on how a new computer

system helped two surgeons; how to choose a computer-system
vendor)(Coping with Tougher Times, part 2)
Murray, Dennis
Medical Economics, v70, n15, p51(7)
August 9,
1993

...   types of surgery.
    A good software package can also break out extra information about
each **insurance plan**--such as whether
there's a deductible or copayment, how much it is, where to...

...in two weeks or less. By adding a modem to your computer, you can begin
transmitting claims
right away, perhaps over one of your office's existing
phone lines (see page 54).
    "Five...
...edits claims and flags areas where data are missing, so that the staff
can make **corrections** before
transmitting the **claims** to the
insurer."
    Contact your major insurers for a list of vendors approved to handle
...

....

 23/3,K/14   (Item 5 from file: 149)
DIALOG(R)File 149: TGG Health&Wellness DB(SM)

01100565   SUPPLIER NUMBER: 04369821   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Of bungled bills and clumsy claims handling.
Nelson-Horchler, Joani
Industry Week, v230, p33(2)
Sept 1,
1986

...   a Pittsburgh-based consultant with Towers, Perrin, Forster &
Crosby (TPF&C). He audits companies' health-
insurance plans not only to make sure
that hospital bills are accurate, but also to: Verify claimants...paid him
$1. He had been paid over four months previously. Postage to deny the
claim, then **send** a
correction, mail the check to the doctor, and
(eventually) have him return it to me amounts to 88[.
    "I discovered that a **claim** had been erroneously
filed with the secondary **insurer**. I
called to warn them so they could catch it and deny it. I got...

00800334   SUPPLIER NUMBER: 14401180   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Checkup on health insurance choices. (Pamphlet)
Pamphlet by: U.S. Department of Health and Human Services, p1A(21)
Dec,
1992
DOCUMENT TYPE: Pamphlet   PUBLICATION FORMAT: Pamphlet   LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer
WORD COUNT: 5609   LINE COUNT: 00459

...   children or no children--read this booklet to find out how to
choose a health **insurance plan** that
best meets your needs and your pocketbook.
    Definitions of health insurance terms that you...

...you.
    You're not alone. Many people have questions about how to select a
health **insurance plan**. This booklet
will help you find some answers.
    Health insurance is one of your most...

...the employer pays part or all of the cost.
    Some employers offer only one health **insurance
plan**. Some offer a choice of plans--a fee-for-service
plan, a health maintenance organization...

...labor union, professional association, club, or other organization you
belong to. Many organizations offer health **insurance
plans** to members.
    Individual **Insurance**
    If your employer does not offer group insurance, or if the insurance
offered is very...

...get a noncancellable policy (also called a guaranteed renewable policy),
then you will receive individual **insurance** under that
policy as long as you keep paying the monthly premium.
The insurance company can raise the...

...out. But it doesn't protect you from losing coverage.
    Before you buy any health **insurance
policy**, make sure you know what it will pay for . . .
and what it won't.
    To find out about individual health **insurance
plans**, you can call **insurance**
companies, HMOs, and PPOs in your community, or speak to the agent who
handles your...that offer protection for only one disease, such as cancer.
if you already have health **insurance**, your regular
plan probably already provides all the coverage you
need.
...cost.
    Preexisting Condition--A health problem that existed before the date
your insurance became effective. **Many
insurance plans** will not cover
preexisting conditions. Some will cover them only after a waiting period.

Premium...

00118762

Paying More Fairly for Medicare Capitated Care (Sounding Board)

Iezzoni, Lisa I.; Ayanian, John Z.; Bates, David W.; Burstin, Helen R.
The New England Journal of Medicine
Dec 24, 1998; 339 (26),pp 1933-1938
LINE COUNT: 00402   WORD COUNT: 05549

TEXT
...higher payments for patients with leukemia. Adjusting payments to
reflect the financial risks associated with **various**
conditions should make **plans** more willing to enroll
chronically ill persons and to reimburse physicians more fairly for caring
...Data
    Although clinical risk adjustment could make capitated Medicare
payments more equitable, HCFA's current **plans** present
many challenges and ironies. At the outset, payment
levels among diagnostic groups are derived from fee...

...to improve reimbursement dogged early implementation of hospital
payments based on diagnosis-related groups, until
various regulations were implemented
(e.g., attestation requirements and validation of coding by peer-review
organizations). (Ref...objectives and recognition of the problems of
generating data and ensuring their quality. (Ref. 34)
Several of the health **plans** in
California dropped out for a variety of reasons, including concern about
poor information systems...

...small, and rural health plans. It also offers the secondary advantage of
encouraging plans to **submit complete**
claims information, which is a prerequisite for a system
of risk adjustment based on all diagnoses...

CITED REFERENCES
...Rev 1995;16(4):189-99.
30. Bertko J, Hunt S. Case study: the Health **Insurance**
   Plan of California. Inquiry 1998;35:148-53.
31. Tollen L, Rothman M. Case study: Colorado...

00109124

A Randomized Trial Of Treatment Options For Alcohol-Abusing Workers (Special Article)

Walsh, Diana Chapman; Hingson, Ralph W.; Merrigan, Daniel M.;
Levenson, Suzette Morelock; Cupples, L. Adrienne; Heeren, Timothy;
Coffman, Gerald A.; Becker, Charles A.; Barker, Thomas A.; Hamilton,
Susan K.; McGuire, Thomas G.; Kelly, Cecil A.
The New England Journal of Medicine
Sep 12, 1991; 325 (11),pp 775-782
LINE COUNT: 00605   WORD COUNT: 08359

TEXT
...Archival data were collected from the records of the employee-assistance
program and the hospital, **insurance**-carrier
claims files, and a
computerized payroll system maintained at the plant. As
Table 1 shows, we divided outcome variables into...

23/3,K/18   (Item 3 from file: 444)
DIALOG(R)File 444: New England Journal of Med.
(c) 2009 Mass. Med. Soc. All rights reserved.

00106357
Copyright 1989 by the Massachusetts Medical Society

Health Care Rationing Through Inconvenience: The Third Party's Secret
Weapon (Sounding Board)

Grumet, Gerald W.
The New England Journal of Medicine
Aug 31, 1989; 321 (9),pp 607-611
LINE COUNT: 00381   WORD COUNT: 05262

TEXT
...**Many strategies** for the
containment of medical costs have emerged from systems of managed care --
gatekeeping by...of procedures, terms, codes, or acronyms, fostering a
sense of alienation and unfamiliarity with the **insurance**
plan and its benefits. Sociologist Max Weber, who
popularized the concept of bureaucracy, noted that professional...

...their motives and technical expertise. This tendency can be seen in the
rarefied terminology of **insurance**
planners -- ``corridor deductibles,'' ``disbursed
self-funded plans,'' ``cost-offset effects,'' ``per cause plans,'' and so
forth...a claims review into a clinical review. A newsletter from Group
Health Incorporated notes: When **submitting**
claims for a **complete** Pulmonary
Function Study . . . please attach a copy of the test results to the claim
form...

...programs and protocols of third-party payers have a strong tilt toward
inhibition when approving **claims**. As with the
fail-safe system for launching nuclear weapons, any one
of a large number of negative conditions...period, a survey of 245
California patients found that those who subscribed to a prepaid

insurance plan became disenchanted
with the level of access to care, as compared with fee-for-service...

13586879   PMID: 10621049
 Submitting error-free claims.
 Zimmet M; Rosenfield S B
 Contemporary longterm care (UNITED STATES)   Sep 1999, 22 (9) p23,
ISSN 8750-9652--Print   Journal Code: 8508328
 Publishing Model Print
 Document type: Journal Article
 Languages: ENGLISH
 Main Citation Owner: NLM
 Record type: MEDLINE; Completed

 Submitting error-free claims.

V. <u>Text Search Results from Dialog</u>

A. Abstract Databases

show files

File 350: Derwent WPIX 1963-2009/UD=200955
       (c) 2009 Thomson Reuters
File 347: JAPIO Dec 1976-2009/Mar(Updated 090708)
       (c) 2009 JPO & JAPIO
File 35: Dissertation Abs Online 1861-2009/Jul
       (c) 2009 ProQuest Info&Learning
File 583: Gale Group Globalbase(TM) 1986-2002/Dec 13
       (c) 2002 Gale/Cengage
File 65: Inside Conferences 1993-2009/Sep 01
       (c) 2009 BLDSC all rts. reserv.
File   2: INSPEC 1898-2009/Aug W4
       (c) 2009 The IET
File 474: New York Times Abs 1969-2009/Sep 02
       (c) 2009 The New York Times
File 99: Wilson Appl. Sci & Tech Abs 1983-2009/Aug
       (c) 2009 The HW Wilson Co.
File 34: SciSearch(R) Cited Ref Sci 1990-2009/Aug W4
       (c) 2009 The Thomson Corp
File 434: SciSearch(R) Cited Ref Sci 1974-1989/Dec
       (c) 2006 The Thomson Corp
File 169: Insurance Periodicals 1984-1999/Nov 15
       (c) 1999 NILS Publishing Co.
File   6: NTIS 1964-2009/Sep W2
       (c) 2009 NTIS, Intl Cpyrght All Rights Res

File 63:Transport Res(TRIS) 1970-2009/Jul
     (c) fmt only 2009 Dialog
File   8:Ei Compendex(R) 1884-2009/Aug W4
     (c) 2009 Elsevier Eng. Info. Inc.
File 14:Mechanical and Transport Engineer Abstract 1966-2009/Aug
     (c) 2009 CSA.
File   7:Social SciSearch(R) 1972-2009/Aug W4
     (c) 2009 The Thomson Corp
File 139:EconLit 1969-2009/Aug
     (c) 2009 American Economic Association

? **ds**

Set   Items   Description
S1   12262   (CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERROR? ? -
               OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA?? OR -
               ERRORLESS OR (ERROR? ? OR MISTAKE?)(2N)FREE))(3N)(CLAIM? ? OR
               NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S2   6902   (COMPLETED OR FINISHED OR FINISH OR COMPLETE OR FILL OR FI-
               LLED)(5N)(CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR RE-
               QUEST? ?))
S3   189   (S1:S2)(3N)(SUBMITTING OR SUBMIT OR SEND OR SENDING OR TR-
               ANSFER OR TRANSFERRING OR FORWARD OR FORWARDING OR PASS OR PA-
               SSING OR TRANSMIT OR TRANSMITTING)
S4   13055   (DEFECT?? OR FLAW?? OR ERROR OR FAULT?? OR FAIL??? OR IRRE-
               GULAR??? OR IMPERFECT??? OR DAMAG???)(3N)(CLAIM? ? OR NOTICE?
               ?(3W)(LOSS OR PAYMENT? ? OR REQUEST? ?))
S5   753   S4(7N)(CORRECT? OR RIGHT? OR ACCURA?? OR ERRORLESS OR (ERR-
               OR? ? OR MISTAKE? ?)(2N)FREE OR (CORRECT? OR RIGHT? OR ACCURA-
               ?? OR ERRORLESS OR (ERROR? ? OR MISTAKE? ?)(2N)FREE))
S6   541   (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
               OR GUARANT?R? ?)(3N) (CLAIM? ? OR NOTICE? ?)(3W)(LOSS OR PAY-
               MENT? ? OR REQUEST? ? OR EXPECTATION? ? OR EXPECT?? OR FIL???
)
S7   23   S6(7N)(SERVER? ? OR TERMINAL? ? OR COMPUTER? ? OR MINICOM-
               PUTER? ? OR MICROCOMPUTER? ? OR MAINFRAME? ? OR MAIN()FRAMES -
               OR (MINI OR MICRO OR SUPER)()COMPUTER? ?)
S8   22   S6(7N)(NODE? OR TERMINAL? OR COMPUTER? OR CLIENT? OR WORKS-
               TATION?? OR STATION?? OR LAPTOP? ? OR NOTEBOOK? ?)
S9   299260   (MULTIPLE OR MANY OR SEVERAL OR PLURAL??? OR VARIOUS OR MU-
               LTI)(3N)(STRATEG? OR TRAD??? OR RULES?? OR REGULATION? ? OR -
               POLICY OR POLICES OR PLAN?)
S10   111770   (SATISF? OR CONFORM? OR COMPLY OR COMPLIANCE OR SUFFIC? OR
               CORRECT? OR REMED??? OR FULFIL?)(3N)(STRATEG? OR TRAD??? OR R-
               ULES?? OR REGULATION? ? OR POLICY OR POLICES OR PLAN?)
S11   50938   (INSURER? ? OR INSUR??? OR INSURANCE OR ASSURANCE OR SURETY
               OR GUARANT?R? ?)(3N) (STRATEG? OR TRAD??? OR RULES?? OR REG-
               ULATION? ? OR POLICY OR POLICES OR PLAN?)
S12   16606   (MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT OR CLINI-
               C?)(3N)CLAIM? ? OR NOTICE? ?(3W)(LOSS OR PAYMENT? ? OR REQUE-
               ST? ?)
S13   16028   AU= (AMAR, A? OR AMAR A? OR AMAR(2N)A? OR STONE, S? OR STONE
               S? OR STONE(2N)S? OR PARK, E? OR PARK E? OR PARK(2N)E? OR P-
               ARK, T? OR PARK T? OR PARK(2N)T?)
S14   5   S13 AND S1
S15   34   S3 AND S4
S16   27   S3 AND S5
S17   3   S3 AND S6
S18   27   S7 OR S8

```
S19    141   (S1:S2) AND S9
S20     18   S19 AND S10
S21      3   S19 AND S11
S22      5   S19 AND S12
S23     86   S15 OR S16 OR S17 OR S18 OR S20 OR S21 OR S22
S24     11   S23 NOT PY> 2000
S25     15   S3 NOT PY> 2000
S26      0   S12 AND S14
```

27/3,K/5   (Item 5 from file: 350)
DIALOG(R) File 350: Derwent WPIX

0003013729
WPI ACC NO: 1984-101215/198416
Patient medical insurance verification and processing system - entering
into local terminal patent service code and transmitting to central
computer which uses code to determine claim payment
Patent Assignee: PRITCHARD L E (PRIT-I)
Inventor: PRITCHARD L E
Patent Family (3 patents, 14 countries)

Patent			Application				
Number	Kind	Date	Number	Kind	Date	Update	
WO 1984001448	A	19840412	WO 1983US1480	A	19830927	198416	B
EP 120077	A	19841003	EP 1983903333	A	19830927	198440	E
US 4491725	A	19850101	US 1982426982	A	19820929	198503	E

Priority Applications (no., kind, date): US 1982426982 A 19820929

Patent Details
Number	Kind	Lan	Pg	Dwg	Filing Notes
WO 1984001448	A	EN	45	10	

National Designated States, Original: DK FI JP
Regional Designated States, Original: AT BE CH DE FR GB LU NL SE
| EP 120077 | A | EN | | | |

Regional Designated States, Original: AT BE CH DE FR GB LI LU NL SE
Original Publication Data by Authority

Argentina

Assignee name & address:
Original Abstracts:
...is then utilized to determine the insurance claim payment for that
particular patient service. The <B> claim
payment amount for the **medical**
service is then transmitting back to
the local entry **terminal** for use by the service provider
and patient. The service provider and patient can then...
Claims:

27/3,K/9   (Item 1 from file: 583)
DIALOG(R) File 583: Gale Group Globalbase(TM)

09289571
Baltimore wins keys contract for Medicare
  AUSTRALIA: BALTIMORE BAGS GOVERNMENT DEAL
The Australian (XAA)   09 May 2000 p.37
Language: ENGLISH

... based information in a secure and protected environment. The technology
also enables medical staffs to **fill** and
submit their Medicare **claim** in easier
and faster way. Baltimore is the first foreign firm to secure the deal...

 27/3,K/10   (Item 2 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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09084324
Cable & Wireless PLC
  US: MCI WORLDCOM SUED BY CABLE & WIRELESS
Wall Street Journal Europe (WSJ)   06 Apr 1999 p.5
Language: ENGLISH

...is being taken to court in the US by Cable & Wireless of the UK over
claims   that   it   **failed**   to
complete the **transfer** of Internet
business to the UK company. Cable & Wireless acquired MCI's Internet
assets in...

 27/3,K/11   (Item 3 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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06583417
Strakhovshchiki boyatsya klientov
  RUSSIA: INSURERS FORM SECURITY ASSOCIATION
Kommersant-Daily (XFL)   11 Feb 1998 p.11
Language: RUSSIAN

... insurance companies have established a security association in order to
prevent losses caused by illegal **insurance** reimbursement
claims. For example, **insurance**
payments to unscrupulous **clients**
accounted for about 10% of total US$ 3 mn payments in 1996. Among members
of...

 27/3,K/13   (Item 5 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
(c) 2002 Gale/Cengage. All rights reserved.

06508566
Insurers act to stop claims over millenium bomb
  UK: INSURERS PROTECT THEMSELVES FROM MILLENNIUM
Financial Times (FT)   20 Aug 1997 p.16
Language: ENGLISH

... of claims resulting from the millennium. Cornhill Insurance, who underwrites extended warranties, is the first **insurance** company to limit **claims** from the **expected** disruption to **computer** clocks and certain other electrical goods. Insurance companies are also concerned that commercial companies will...

27/3,K/14   (Item 6 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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05905032
Insurance fraud faces crackdown
 UK: ABI SYSTEM TO COMBAT INSURANCE FRAUD
The Independent (TI)   20 Nov 1993 p.47
Language: ENGLISH

The Association of British Insurers (ABI) has established a **computer**-based system aimed at reducing fraudulent **insurance claims**. The Comprehensive **Loss** Underwriting Exchange (Clue) will record household insurance claims (later this will be extended to motor...

27/3,K/15   (Item 7 from file: 583)
DIALOG(R)File 583: Gale Group Globalbase(TM)
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02852284
INTERNATIONAL AIRCRAFT UPGRADE CONSIDERED
 US/EUROPE - INTERNATIONAL AIRCRAFT UPGRADE CONSIDERED
Aviation Week & Space Technology (AVW)   31 July 1989 p71-78
ISSN: 0005-2175

... known as Sextant Avionics, has been set up by. Crouzet, Aerospatiale, SFENA and Thomson-CSF **claim** they can jointly **submit** a **complete** line of products for any modernisation programme, including displays, sensors, communications equipment visualization and navigation...

27/3,K/22   (Item 5 from file: 474)
DIALOG(R)File 474: New York Times Abs
(c) 2009 The New York Times. All rights reserved.

00052102   NYT Sequence Number: 052100691007
(NYC Planning Comm drafts zoning change aimed at restoring some measure of
 profit to business of owning landmark; will allow owner of landmark to
 build larger structures on nearby plots than law normally allows; added
 profit he would make through zoning change is intended to compensate for
 loss of not being able to alter landmark; 'transfer of development
 rights' could take place after owner has been prevented by Landmarks
 Preservation Comm from developing site of landmark by either demolishing
 structure or building above it; comm's counsel Norman Marcus says change
 may also weaken upcoming suit by Penn Central Co seeking right to erect

office tower atop Grand Central Terminal; proposal is latest in series of
steps taken by Lindsay adm to prevent co from erecting structure; Marcus
says change will strengthen landmarks law because it will force owner to
seek alternative of **transferring** development
rights before he could **claim** econ
hardship; amendment will extend area to any lot in chain owned by same
concern; change seen aimed at Penn Central; seen working to its advantage
since it is expected that co's properties will be developed fully within
next decade; Marcus says in Grand Central area floor area of bldg may not
exceed 18 times area of its lot if structure includes plaza; says
terminal would be counted as plaza since its floor-area ratio is now 1.5
and remaining 16.5 may be distributed among other sites; notes amenities
that may result from change)
New York Times, Col. 4, Pg. 34
Tuesday October 7 1969

...says change will strengthen landmarks law because it will force owner to
seek alternative of **transferring** development
rights before he could **claim** econ
hardship; amendment will extend area to any lot in chain owned by same
concern...

 27/3,K/24   (Item 1 from file: 6)
DIALOG(R)File 6: NTIS

2148131 NTIS Accession Number: AVA18278-SS00/XAB
  Understanding Medicare - A Medicare Program Overview - 1990
  Health Care Financing Administration, Washington, DC.
  Corp. Source Codes: 053013000
  Sponsor: HEALTH CARE FINANCING ADMINISTRATION.
  Report No.: AVA18278
  1994   AV-Slide Kit
  Languages: English
  Journal Announcement: USGRDR0004
  (70) 2x2 color slides, silent, (1) 27-page script included.
  Audiovisual. This set includes color slides. Order this product from NTIS
by: phone   at 1-800-553-NTIS (U.S. customers); (703)605-6000 (other
countries); fax at (703)605-6900; and email at orders@ntis.fedworld.gov.
NTIS is located at 5285 Port Royal Road, Springfield, VA, 22161, USA.
  NTIS Prices: Not available NTIS

  ...a) what is medicare, (b) medicare's hospital insurance, (c) medicare's
medical insurance, (d) **submitting** a medical insurance
claim, (e) your **right** of appeal and
(f) where to get answers.